SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Fanning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

JUN 052015 C Jul

Permit #: Refund: 50 670 6-10-18

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

Bayrield Co. Zoning Dexi

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C Propert	Chera sile	る	>	S	•		6		,	Cell Phone:	ú
and the second	4	5		Contractor Phone:		Plumber: WA				Plumber Phone:	Phone:
~ ~ I	n Signing Applic	bication on behalf of Ow		Agent Phone: 115-205-1012		nt Mailing Ad	Agent Mailing Address (include City/State/Zip):	City/State/Zip):	8	Written Au Attached XYes	Written Authorization Attached 入でes に No
34243745454555	gal Descripi	tion: (Use T	tement)	PIN: (23 digits)	3053	4203B	00000000000000000000000000000000000000	Recorder Volume	d Document	t: (i.e. Propert Page(s)_	Recorded Document: (i.e. Property Ownership) VolumePage(s)
5~ 1/4, Nw	1/4	Gov't Lot	:Lot Lot(s)	CSM Vol 8	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision	ön:		
Section 34	, Township	65	N, Range 5	- TOW	Soft KSd	sdale		Lot Size		Acreage	3,0
Q	is Property	/Land withi	☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes	Stream (incl. intermi	·	Distance Structure	cture is from Shoreline	reline :	Is Prop	Is Property in	Are Wetlands
☐ Shoreland —	is Property	/Land withi	Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue	, Pond or Flowage If yescontinue	Ţ	Distance Structure	cture is from Shoreline :	reline :	X ı □ -	X₁ □ · Yes	□ Yes X No
Non-Shoreland											
Value at Time of Completion * include donated time &	Project	3	# of Stories and/or basement	ynt Úse		# of bedrooms	Sew Is	What Type of wer/Sanitary Sy: Is on the propert	What Type of Sewer/Sanitary System Is on the property?	3	Water
	☐ New Construction	truction	X 1-Story	☐ Seasonal		*	☐ Municipal/City	City			☐ City
•	X Addition/Alteration	Iteration	☐ 1-Story + Loft	ft X Year Round	ound	2	(New) Sanitary Specify Type:	tary Spe	Specify Type:	Sot C	₩ell
	Relocate (existing bldg)	xisting bldg)	⅓ Basement	L		1 2	1 1	or V	Vaulted (min 200 gallon)	n 200 gallo	
	Property	ness on	□ No Basement □ Foundation □	1 12		None	☐ Compost Toilet ☐ None	oilet	ontract)		
Existing Structure: (if	permit bei	ng applied fo	(If permit being applied for is relevant to it)	Length:	4		Width: えん		I	Height:	22 1 +
Proposed Construction:	in:			Length:	2		Width: 26	,	H	Height: 2	
Proposed Use	~			Proposed Structure	tructure				Dimensions	ns	Square Footage
		Principal S Residence	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	tructure on pro ing shack, etc.)	perty)		en de la companya de		××		
⊠ Residential Use			with Loft						××		***************************************
المراهدا وعد			with (2 nd) Porch	ch					×		
			with a Deck with (2 nd) Deck	*		W. Carlotte			Berbusa Berbusa		\$
☐ Commercial Use			with Attached Garage	Garage			-	_	×	_	والمستقدين والمراجعة
		Bunkhou Mobile F	Bunkhouse w/ (☐ sanitary, or ☐ s Mobile Home (manufactured date)	or ☐ sleeping quarters, or ed date)	uarters, <u>o</u> i	□ cooking &	cooking & food prep facilities)	es) (×		Z
	A	Addition	Addition/Alteration (specify)	city) Addition	on to	Willey -	2 Stary	1)	11 X 11		ダイ
Municipal Use		Accessor	Accessory Building (specify)		(enacify)			- -	××	- -	
Resident	١		g				And the state of t			,	
	T	Special U	Special Use: (explain)	Average de Principal de la Company de la Com					< ×	-	
			Other: (explain)			***************************************	The state of the s	# -		X	***************************************
	* 7										

Owner(s):

(If there

are Multiple

the Deed All Ow

authorization must accompany this application)

Authorized Agent:

(If yo

u are signing on behalf of the o

e owner(s) a le

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Sans Sans

Date

Date

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

letter

Address to send

permit

patia